

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>NVS2789AGC</b>		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  <b>01/13/2011</b>	
NAME OF PROVIDER OR SUPPLIER  <b>DAWN GARDEN HOME CARE</b>				STREET ADDRESS, CITY, STATE, ZIP CODE <b>9190 DAWN GARDEN AVE LAS VEGAS, NV 89147</b>			
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Y 000	<p>Initial Comments</p> <p>The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws.</p> <p>This Statement of Deficiencies was generated as a result of an annual State Licensure survey conducted in your facility on 1/13/11. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division.</p> <p>The facility is licensed for eight Residential Facility for Group beds which provide care to persons with Alzheimer's disease and/or persons with mental illnesses, Category II residents. The census at the time of the survey was six. Six resident files were reviewed and five employee files were reviewed. One discharged resident file was reviewed.</p> <p>The facility received a grade of C.</p> <p>The following deficiencies were identified:</p>			Y 000	<p>01/11 APOC CB</p>		
Y 103 SS=D	<p>449.200(1)(d) Personnel File - NAC 441A / Tuberculosis</p> <p>NAC 449.200 1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include: (d) The health certificates required pursuant to chapter 441A of NAC for the employee.</p>			Y 103	<p>RECEIVED JAN 21 2011 BUREAU OF LICENSURE AND CERTIFICATION LAS VEGAS, NEVADA</p>		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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Y 103 SS=D	<p><b>449.200(1)(d) Personnel File - NAC 441A / Tuberculosis</b></p> <p><b>NAC 449.200</b></p> <p>1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include:</p> <p>(d) The health certificates required pursuant to chapter 441A of NAC for the employee.</p>	Y 103			

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Y 103	Continued From Page 1  This RULE: is not met as evidenced by: Based on record review on 1/13/11, the facility failed to ensure 1 of 5 employees complied with NAC 441A.375 regarding tuberculosis (TB) testing (Employee #2 - failed to have evidence of a second step TB test).  This was a repeat deficiency from the 2/25/10 State Licensure survey.  Severity: 2      Scope: 1	Y 103 ✓ 403 2/7/11	Y 103 NAC 449.200(1)(d) Personnel File NAC 441A/ Tuberculosis.  a) Employee #2 is complied with NAC 441a.375 regarding tuberculosis second step TB test. The employee records of her tuberculosis (TB) annual screening test are incorporated in this revised submission as follows:  1. Attachment 1(a) Y103 Year 2008 2. Attachment 1(b) Y103 Year 2009 3. Attachment 1(c) Y103 Year 2010 4. Attachment 1(d) Y103 Year 2011	(c) 1/17/11
Y 105 SS=E	449.200(1)(f) Personnel File - Background Check  NAC 449.200 1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include: (f) Evidence of compliance with NRS 449.176 to 449.185, inclusive.  This RULE: is not met as evidenced by: Based on record review on 1/13/11, the facility failed to ensure 2 of 5 employees met background check requirements of NRS 449.176 to 449.188 (Employee #1 - failed to have evidence of a signed criminal history statement, fingerprints and a state and FBI background check, and #4 - failed to have a copy of the fingerprints in the file).  This was a repeat deficiency from the 2/25/10 State Licensure survey.  Severity: 2      Scope: 2	Y 105 ✓ 403 1/24/11	In accordance with NAC 441A.375 "If the employee has only completed the first step of a 2-step Mantoux tuberculin skin test within the preceding 12 months, then the second step of the 2-step Mantoux tuberculin skin test or other single-step tuberculosis screening test must be administered. A single annual tuberculosis screening test must be administered thereafter, unless the medical director of the facility or his designee or another licensed physician determines that the risk of exposure is appropriate for a lesser frequency of testing and documents that determination. The risk of exposure and corresponding frequency of examination must be determined by the guidelines of the Centers for Disease Control and Prevention".  b) The facility will ensure all employees have her/his 2-step skin test for Tuberculosis and possess the appropriate documentations in compliance with NAC 449 to meet the needs of the residents of the facility.	(c) 1/17/11

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Y 105	Continued From Page 2	Y 105			
Y 300 SS=F	<p>449.218(1) Bedrooms - Size Requirements</p> <p>NAC 449.218 1. A bedroom in a residential facility that is shared by two or three residents must have at least 60 square feet of floor space for each resident who resides in the bedroom. A resident may not share a bedroom with more than two other residents. A bedroom that is occupied by only one resident must have at least 80 square feet of space.</p> <p>This RULE: is not met as evidenced by: Based on observation and interview on 1/13/11, the facility failed to ensure 4 of 6 residents did not share a bedroom with more than two other residents (Resident #1, #4, #5 and #6 shared the master bedroom).</p> <p>Severity: 2 Scope: 3</p>	<p>Y 300 ✓</p> <p><i>JB</i></p> <p><i>1/24/11</i></p>	<p>Y 300 NAC 449.218(1) Bedrooms - Size Requirements</p> <p>a) Master bedroom should be occupied only with residents #4, 5 and 6, however, resident #1, requested to be in that room for the meantime because according to her she is used to be in the room and she does not want to remove her stuff from the master bedroom closet. The facility talked to resident #1 and explained fully to her four beds is not allowed; we agreed that her stuff would stay in the master bedroom closet. Incompliance with NAC 449.218 one bed out of four beds was taken out. <u>Attachment 3, Tag Y300.</u></p> <p>b) The facility will monitor and make sure the bedroom must have at least 80 square feet of space and not be occupied for more than three (3) residents.</p>	<p>(c) 1/17/11</p>	
Y 859 SS=D	<p>449.274(5) Periodic Physical examination of a resident</p> <p>NAC 449.274 5. Before admission and each year after admission, or more frequently if there is a significant change in the physical condition of a resident, the facility shall obtain the results of a general physical examination of the resident by his physician. The resident must be cared for pursuant to any instructions provided by the resident's physician.</p>	Y 859			

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Y 859	Continued From Page 3  This RULE: is not met as evidenced by: Based on record review on 1/13/11, the facility failed to ensure that 1 of 6 residents received a physical prior to admission (Resident #3).  Severity: 2 Scope: 1	Y 859 ✓ 83 1/24/11		(c) 1/17/11
Y 885 SS=D	449.2742(9) Medication / Destruction  NAC 449.2742 9. If the medication of a resident is discontinued, the expiration date of the medication of a resident has passed, or a resident who has been discharged from the facility does not claim the medication, an employee of a residential facility shall destroy the medication, by an acceptable method of destruction, in the presence of a witness and note the destruction of the medication in the record maintained pursuant to NAC 449.2744. Flushing contents of vials, bottles or other containers into a toilet shall be deemed to be an acceptable method of destruction of medication.  This RULE: is not met as evidenced by: Based on observation on 1/13/11, the facility failed to destroy medications for 1 of 7 residents after they had been discharged (Resident #7).  Severity: 2 Scope: 1	Y 885 ✓ 83 2/7/11	Y 885 NAC 449.2742(9) Medication / Destruction  a) All medications, including, without limitation, any over-the-counter medications that are discontinued, expired and/or not claimed by the discharged patient should be destroyed at the time need to be destructed and should not be kept anywhere.  The medication found at time of the survey was destroyed right after the surveyor left using code (b). See Attachment 5a & 5b, Tag Y 885 completed medication destruction log. There was a misunderstanding between the facility manager and caregiver. The facility manager asked the caregiver what and how she did with the discharged resident medications found at the time of the survey. She stated it was destroyed using the procedure suggested by the surveyor at the same day it was surveyed.  b) The facility will monitor for compliance.	(c) 1/13/11  (c) 1/13/11

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Y 920	Continued From Page 4	Y 920		
Y 920 SS=F	<p>449.2748(1) Medication Storage</p> <p>NAC 449.2748</p> <p>1. Medication, including, without limitation, any over-the-counter medication, stored at a residential facility must be stored in a locked area that is cool and dry. The caregivers employed by the facility shall ensure that any medication or medical or diagnostic equipment that may be misused or appropriated by a resident or any other unauthorized person is protected. Medication for external use only must be kept in a locked area separate from other medications. A resident who is capable of administering medication to himself without supervision may keep his medication in his room if the medication is kept in a locked container for which the facility has been provided a key.</p> <p>This RULE: is not met as evidenced by: Based on observation on 1/13/11, the facility failed to ensure medications belonging to 7 of 7 residents were kept in a locked area (Resident #1, #2, #3, #4, #5 and #6 - medications were kept in a cabinet with locks, but was not locked; Resident #7 - medications were kept in a kitchen drawer without a lock).</p> <p>Severity: 2 Scope: 3</p>	<p>Y 920 ✓</p> <p>2/7/11</p>	<p>Y 920 NAC 449.2748(1) Medication Storage</p> <p>a) During that day, January 13, 2011, the caregiver was checking the resident's medication and tried to prepare what medications need to order before calling the pharmacy when she heard someone at the door. Due to this unavoidable circumstance, medications cabinet was left unlock, indeed, some empty bubbles left on the desktop and caregiver was holding a pen when she opened the front door. <u>The facility received comment for not opening the door right away.</u> Also, the surveyor checked and/or inspected the other storage, closet and/or cabinet such as under the sink where we storage the cleaning supplies, storage for knives, scissors, etc., filing cabinet for personnel and residents, pantry, and linen closet were all locked.</p> <p>b) The facility will ensure and monitor not only medication storage and/or cabinet but also other storages that are very important and/or necessary to be kept locked all the time in compliance with NAC 449.</p> <p>The above stated <u>underline phrase</u> is not addressed to the surveyor. The incident occurred way back in 2009. The facility former administrator instructed the facility staff to open the door as soon as it heard; do not wait for the second doorbell. The facility apologizes for misunderstanding the <u>underline phrase</u>.</p>	<p>(c) 1/13/11</p> <p>(c) 1/27/11</p>

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Y 936	Continued From Page 5	Y 936		
Y 936 SS=E	<p>449.2749(1)(e) Resident file-NRS 441A Tuberculosis</p> <p>NAC 449.2749</p> <p>1. A separate file must be maintained for each resident of a residential facility and retained for at least 5 years after he permanently leaves the facility. The file must be kept locked in a place that is resistant to fire and is protected against unauthorized use. The file must contain all records, letters, assessments, medical information and any other information related to the resident, including without limitation:</p> <p>(e) Evidence of compliance with the provisions of chapter 441A of NRS and the regulations adopted pursuant thereto.</p> <p>This RULE: is not met as evidenced by: Based on record review on 1/13/11, the facility failed to ensure 2 of 6 residents complied with NAC 441A.380 regarding tuberculosis testing (Resident #2 - failed to have evidence of a second step TB test, and #4 - failed to have evidence of a two-step TB test).</p> <p>This was a repeat deficiency from the 2/25/20 State Licensure survey.</p> <p>Severity: 2 Scope: 2</p>	<p>Y 936 ✓</p> <p>4/30 2/7/11</p>	<p>Y 936 NAC 449.2749(1)(e) Resident File NRS 441A Tuberculosis</p> <p>a)1. Please see Attachment 6(a) series for Resident #2 records of second step, and/or single step annual screening TB test thereafter as follows:</p> <p>1. Attachment 6a(1)Tag Y936 - Year 2008</p> <p>2. Attachment 6a(2)Tag Y936 - Year 2009</p> <p>3. Attachment 6a(3)Tag Y936 - Year 2010</p> <p>4. Attachment 6a(4)Tag Y936 - Year 2011.</p> <p>a)2. Please see Attachment 6(b) for Resident #4 required 2-Step tuberculosis (TB) screening test.</p> <p>b) The facility will ensure all residents have all the required and necessary documentations prior to admission in compliance with NAC 449.</p>	<p>(c) 1/20/11</p> <p>(c) 2/03/11</p>
Y1035 SS=D	<p>449.2768(1)(a)(1) Dementia Training</p> <p>449.2768</p> <p>1. Except as otherwise provided in subsection 2, the administrator of a residential facility which provides care to persons with any form of dementia shall ensure that:</p> <p>(a) Each employee of the facility who has direct contact with and provides care to residents</p>	Y1035		

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Y1035	<p>Continued From Page 6</p> <p>with any form of dementia, including, without limitation, dementia caused by Alzheimer's disease, successfully completes:</p> <p>(1) Within the first 40 hours that such an employee works at the facility after he is initially employed at the facility, at least 2 hours of training in providing care, including emergency care, to a resident with any form of dementia, including, without limitation, Alzheimer's disease, and providing support for the members of the resident's family.</p> <p>This RULE: is not met as evidenced by: Based on record review on 1/13/11, the facility failed to ensure that a minimum of 2 hours of training related to the care of persons with dementia was received within the first 40 hours of work by 1 of 5 employees (Employee #4).</p> <p>Severity: 2    Scope: 1</p>	<p>Y1035 ✓ 83 1/24/11</p>	<p>Y 1035 NAC 449.2768(1)(a)(1) Dementia Training</p> <p>a) Employee #4 has no training for Alzheimer's disease however the facility made sure she would take the training class. The facility staffs were scheduled to take training class including Alzheimer under Ms. Wanda Hilton before it was surveyed but it was postponed twice due to holidays and the facility manager needed to go to California. Attachment 7, Tag Y 1035.</p> <p>b) The facility will ensure all employees possess all the required and necessary documentations prior to employment and/or within the first 40 hours of work in compliance with NAC 449.</p>		<p>(c) 1/19/11</p>

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